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PTO/SB/31 (02-01)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) Riazi 8-20-7	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner, for Patents, Washington D.C. 20231" on <u>April 12, 2006</u> . Signature <u>Bobbette A. Blake</u> Typed or printed name <u>Bobbette A. Blake</u>		In re Application of Riazi et al.	
		Application Number 10/763,595	Filed January 23, 2004
		For Method and Apparatus for Identifying an Orthogonal Frequency Division Multiplexing (OFDM) Terrestrial Repeater Using Inactive Sub-Carriers	
		Group Art Unit 2663	Examiner Duc T. Duong
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>500.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
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<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		<u>Klei M. Mason</u> Signature	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>Kevin M. Mason</u> Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record.			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____		<u>April 12, 2006</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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